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# CONCERNING THE ANOMALIES OF THE INTRAUTERINE DEVELOPMENT

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The present study attempts to receive some data about the pathogenetic nature of the early ontogenesis disturbances. It seeks an association between the genetic marks of the blood group ABO(H) and the congenital malformations. It was made on the disease histories of intrauterine anomalous children who have died at the baby age in the Surgical Clinic (14-year period). The groups and subgroups were composed according to the embryonic origin of the defective organ and tissue. The controls covered the normal common Bulgarian population because there was no specific information.The results were shown on the table. Some abbreviations were used: NTD-neural tube defects, CVSD-cardiovascular system defects, DTfd-digestive tract forming defects, AD-anus defects and OC-omphalocelle.

In the both subgroups of the groups NTD and CVSD the number of the cases was smaller but the distribution depending on the ABO(H) marks had similar trend and that is why they were explored at the column "overall". Compared with the controls, the children of NTD and CVSD groups have more frequently marks zero, but of NTD had more seldomly A, and CVSD had not any B. The isolated malformations rose when the digestive tract has been forming and the relevant mixed anomalies show discrepant tendencies of the distribution. In the former subgroup the mark zero is quite rare mostly in profit of A whereas in the latter utmost the frequency has zero when A decreases, and B increases. The consideration of the cases at "overall" when the trends are discrepant is not properly. It destroys the specifity and the distribution is nearly the same as in the controls. In the spaned quota AD were only mixed. The corresponding case distribution depending on marks shows increased frequency of zero and B, but decreased of A. The number is not high in both subgroups of OC defect, and the case distribution directions though are identical. In "overall" the figures are very similar to the controls. The lack of AB cases in some groups and subgroups perhaps is a result of a number deficit. Thus all this suggests that each group and subgroup has its own specific distribution except the third and fourth groups that is in fact equal.

Table: Case distribution depending on the genetic marks of the blood group ABO(H)

| Group and subgroup | Distribution in number | | | | | Distribution in per cent | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | A | B | AB | total | 0 | A | B | AB | total |
| **NTD** | | | | | | | | | | |
| isolated | 8 | 4 | 3 | - | 15 | | | | | |
| mixed | 6 | 3 | - | - | 9 | | | | | |
| overall | 14 | 7 | 3 | - | 24 | 58,33 | 29,17 | 12,50 | - | 100,0 |
| CVSD | | | | | | | | | | |
| isolated | 3 | 1 | - | - | 4 | | | | | |
| mixed | 10 | 8 | - | - | 18 | | | | | |
| overall | 13 | 9 | - | - | 22 | 59,09 | 40,91 | - | - | 100,0 |
| DTfD | | | | | | | | | | |
| isolated | 14 | 26 | 6 | 6 | 52 | 26,92 | 50,00 | 11,54 | 11,54 | 100,0 |
| mixed | 17 | 13 | 8 | - | 38 | 44,74 | 34,21 | 21,05 | - | 100,0 |
| overall | 31 | 39 | 14 | 6 | 90 | 34,44 | 43,33 | 15,56 | 6,67 | 100,0 |
| AD | | | | | | | | | | |
| isolated | - | - | - | - | | | | | | |
| mixed | 11 | 8 | 5 | - | 24 | 45,83 | 33,33 | 20,83 | - | 99,99 |
| overall | 11 | 8 | 5 | - | 24 | 45,83 | 33,33 | 20,83 | - | 99,99 |
| OC | | | | | | | | | | |
| isolated | 2 | 1 | 1 | 1 | 5 | | | | | |
| mixed | 5 | 8 | 3 | - | 16 | | | | | |
| overall | 7 | 9 | 4 | 1 | 21 | 33,33 | 42,86 | 19,05 | 4,76 | 100,0 |
| Controls according to | | L. Markov | | | | 32,37 | 44,49 | 16,15 | 6,98 | |
| | | R. Popivanov | | | | 32,40 | 44,80 | 16,45 | 6,35 | |
| | | M. Popov | | | | 32,10 | 44,40 | 15,40 | 8,10 | |

Independantly of the smaller number of the cases that have prevent to use more correct systematic criteria and to receive statistically significant results concerning the investigated contingent as if one can say NTD, CVSD, DTfD and AD are in association with some marks of the blood group ABO(H).